DOCUMENT RESUME

ED 182 047 PS 011 204

AUTHOR Corsini, David A.: And Others
TITLE Working with Parents of Preschool Children with Developmental Problems.
PUB DATE Nov 79
NOTE 17p.; Paper presented at the Annual Meeting of the National Association for the Education of Young Children (Atlanta, GA, November 8-11, 1979)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS Developmental Disabilities; *Emotional Problems; *Exceptional Child Education; Handicapped Children; *Mother Attitudes; *Parent School Relationship; Preschool Education; Program Descriptions; Program Effectiveness
IDENTIFIERS *Connecticut

ABSTRACT

This paper reports characteristics of mothers in a special needs preschool program and describes features of the program. Children in the program range in mental test performance from untestable to superior and in severity of problem from mild to severe. The program provides informal assessment and parent staff discussions along with opportunities to meet in small groups of parents and children on a regular basis several times each week. Other program features are individual planning and outreach activities. Work with the mother/child unit involves consideration of mother's characteristics. Mothers who appear to be over-protective/anxiously involved: intellectualized/low-involved; unprepared and uninformed: or depressed are discussed although few of the mothers fit into one of these categories. Next, mothers' feelings of hopelessness and despair, feelings of fragmentation from input of multiple services, social isolation, inadequacy, failure and guilt, and inaccurate perception of child abilities are described. The report lists and discusses program options for working with parents, such as classroom participation, mother group meetings, individual planning, workshops, program related activities, home visits, videotape reviews of child behavior, and Saturday school for fathers. Program effectiveness and evaluation efforts are briefly indicated. (Author/RH)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED182047

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
NATIONAL INSTITUTE OF EDUCATION

THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL NATIONAL INSTITUTE OF EDUCATION POSITION OR POLICY

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY
David A. Corsini
TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

Working With Parents of Preschool Children with Developmental Problems

David A. Corsini
University of Connecticut

Lois Rho and Gwynette T. Caruthers
Cheshire, Connecticut School System

Prepared for N.A.E.Y.C. Convention, November, 1979, Atlanta.

The Cheshire, Connecticut school system began a program for special needs preschool children in 1972 and with Federal, State and local financial support this program has evolved into a multifaceted system for providing services to special needs preschool children and their families. While the primary concern of this document is to share our experience of working with the parents, especially mothers, of special needs preschool children, we will first give a brief overview of the program.

1. The program works with the mother-child unit. Mothers initiate contact with the program, are a central part of the initial assessment, and are continually involved in planning and executing activities involving her child.

2. The program is noncategorical. Because we work with the mother-child unit, we have found it possible to work with all kinds of preschool children who show developmental problems. We work with children who have hearing impairments, vision impairment, cerebral palsy, autism, hyperactivity, language problems, mental retardation, behavioral disturbances, general developmental lags, and those who have multiple problems. The children range in mental test performance from untestable to superior and in severity of problem from mild to severe.

PS 011204

3. Our program provides a range of services to the children and parents, the community, the school system and the State.

A. Consultation Center - Several times each week we conduct informal assessments. At these times any parent of a preschool child, by appointment, may bring their child for an assessment. We have developed a semi-structured set of activities to informally assess the developmental level of the child in the following areas: Fine motor, gross motor, language, cognition, and general adjustment. The child's mother (father and nursery school teacher if appropriate and possible) observes the session with a psychologist who gathers additional background information. Immediately after the session, the parent sits with the two or three professionals who were involved in the assessment and has an opportunity to further discuss their concerns. The parent is given feedback from the assessment at this time and, together, the staff and parent begin to develop plans for the child. For the last few years we have seen well over 100 child-parent units a year in this Consultation Center process. This service is available not only to the three and four year old children who are our primary target population, but also to children younger than three and children in the first few years of elementary school.

B. Program Proper - From children identified in the Consultation Center, we form small groups of children and parents who meet on a regularly scheduled basis each week. The groups generally consist of five to six children and their parents and meet on a half day basis three times per week with a teacher and an aide. On each day of attendance the parent

spends half the time in the classroom with the child and half the time meeting with other parents for discussion and planning under the guidance of the teacher.

C. Individual Planning - When the child-parent unit are not yet ready to become involved in one of the ongoing groups, they are planned with weekly on an individual or small group basis.

D. Outreach - Some children who come to the Consultation Center also are involved in a community nursery school program. Whenever possible, we work with community nursery schools to develop plans to maintain the child in that setting. Some of the work with community nursery schools is on a more general program level rather than being focused on a particular child.

E. Extended Outreach - During the summer and several times throughout the year, our program conducts workshops on different aspects of programming for special needs preschool children. Currently, we are working with several other educational systems in Connecticut who have chosen to adopt and adapt our model for providing services to these children and families.

Characteristics of mothers who have developmentally delayed preschool children

The program becomes involved with a child because of a concern about the child's development or behavior. However, because we work with the mother-child unit, we have come to think as much about how to work effectively with the mothers as about how to work effectively with the children. Just as we have come to see that a given child cannot be understood

and planned for without at the same time taking the child's parent into consideration, parents themselves cannot be discussed without taking into consideration their child. Thus, this discussion of mother characteristics/problems is somewhat artifical but will serve to communicate some patterns which have emerged in our work with several hundred mothers who had preschool children with developmental problems. It should be noted that not all the mothers with whom we have worked shared the characteristics to be described and the degree to which these characteristics are shown by an individual mother varies greatly.

1. The Overprotective/Anxiously Involved Mother

Some parents involved in our program present a classic picture of the overprotective parent. Many of these mothers go to great lengths to make provisions for their child's development and usually have very good ideas of the kinds of activities which are good for stimulating a child's development. The main problem for these mothers is watching their children fail or struggle. They go to great lengths to prevent their children from experiencing what they, the parents, perceive as further frustration. The children of these mothers show a range of behaviors which would be considered changeworthy. Some children become quite passive and dependent and show restrictions in ability to make choices and/or to persist under mild frustration. Other children seem to become quite expansive as if they are saying to their mothers, "Try to stop me from doing this." Some of these children show poor ability in planning for their own safety.

2. Intellectualized/Low Involved Mothers

Some parents involved in our program seem to react to their child's problem as an interesting intellectual problem but one which does not affect them much emotionally. These parents appear to believe there is nothing much they can do for their child and tend to maintain a stand-offish pattern of interaction. They would like to have the professionals take care of their child. While these parents care for their child's biological needs in an adequate way, there does not seem to be much joy in parenting or spontaneous responsivity to the child. One of the objectives with this type of parent is to help them understand that their behavior with and for the child does make a difference in the child's development.

3. Unprepared and Uninformed Mother

Some of the mothers who are involved in our program seem remarkably unprepared for parenthood and uninformed about what to expect from young children. Some have very little experience with children and have difficulty judging whether a particular behavior is age-appropriate or something which is noteworthy by its presence or absence. While no one is prepared to raise a child with severe biological problems, some parents have no idea of the normal range of child behavior nor any idea of how behavior progresses with development. Some parents have expectations of children which are too low and do not present their child with enough challenge while others place expectations on their children far in excess of their child's ability.

4. The Depressed Mother

Some mothers of children in our program show many symptoms commonly described as being characteristic of depressed adults: restricted movement, flattened affective expression, and restricted social interaction. Some of these mothers are receiving therapeutic treatment from community resources and others eventually come to seek such treatment. In our history with mothers like these, the role which the child plays varies. While is is always most appropriate to view the mother and child in interaction, it sometimes appears that the disturbance in the child's development or behavior is more a reaction of the child to the withdrawn and depressed mother while in other cases the child's developmental problems play a central role in the withdrawal and depression in the mother. For some mothers depression appears to have its roots in marital discord and/or conflict between the role demands of motherhood and the desire to be involved in a career. Whatever the origin, the depressed mother and child get into a pattern of interaction which is detrimental to the child's development.

Common Problems for Mothers of the Preschool Handicapped

Only a small percent of our mothers fit into one of the types described above. Another way to project a sense of the mothers is to describe some of the common problems they describe to us as we get to know them. Again, we stress the point that not all mothers experience the types of problems to be described below. Also, the degree to which these problems and issues, when experienced, interfere with a mother's functioning varies greatly.

1. Feelings of Hopelessness and Despair

Some mothers of children in the program appear to focus on the limitations of their child, the gloomy future status of their child, and/or their inability to "fix" the child. With these mothers the objective is to have them appreciate that the future developmental level of their child is flexible and uncertain and will be determined, to a significant extent, by their ability to work with their child. The mother must learn to help their child make the most of his or her current abilities and meet the challenges of current developmental tasks.

2. Feelings of fragmentation from input of multiple services

When they come to our program, some mothers have been taking their child to several different specialists or have their child involved in several different programs. Some children are involved in medical treatment, physical therapy, speech training, individual therapy, other preschool programs oriented around their special diagnostic category, or other programs. Several factors seem to place stress on the parent in these cases. One is a simple time and effort factor. Taking a child several different places a week involving considerable travel and time is exhausting for the mother and has repercussions in the family. A second factor is the conflict of information received from the different specialists or programs. If a mother chooses to become involved with our program on a regular basis, we make contact with other specialists and programs involved and attempt to develop a coordinated plan. When we can coordinate into the program the types of activities the child has been receiving, this results in a reduction of separate visits the mother/child

have to make. While some children continue to be involved with other professionals by choice or by necessity, most parents come to feel that their child is receiving a coordinated program.

A similar problem is seen with parents who have tried several different means of responding to their child's problem. This may involve having taken the child to a number of different specialists, trying out a number of different programs, trying different types of child rearing strategies with their child, trying things like the Feingold diet, etc. Some of these mothers are feeling hopeless because nothing appears to work very well. Other mothers continue their search even after establishing a relationship with our program.

3. Feelings of Social Isolation

Many of the mothers we work with report feelings of being cutoff from adult contact. Some mothers restrict their social interaction with friends and relatives because of feelings of embarrassment concerning their child's problems. Some mothers are too busy caring for their child and family and don't have time for their own social life. Other mothers have children whose behavior is so out of control that the mother feels she cannot take the child into the community nor leave the child with anyone else. Feelings of social isolation are particularly severe for mothers whose husbands are involved in time consuming jobs. Life for a mother of a preschool child with developmental problems is often very lonely.

4. Feelings of Inadequacy, Failure and Guilt

For many mothers the fact that their child is experiencing problems directly or indirectly indicates that they have failed in their role as mother. Having failed, they feel inadequate in the role of mother which

sometimes generalizes to feelings of inadequacy as a person. Often times there are elements of guilt in mothers for imagined or real errors of commission or omission with respect to their child. Mothers of these children have often experienced as much failure as their children. Having experienced repeated failure with their children, many mothers anticipated continued failure and withdraw from interaction with their child. There is often very little joy or pleasure in parenting for these mothers. One of the main objectives of the program is to teach the mother how to play with her child in a way where both the mother and child experience feelings of success and pleasure.

5. Inaccurate Perception of Child's Abilities

The mothers in our program often have distorted views of their children. These distortions can take several forms. For some mothers the distortion takes the form of overgeneralizing one aspect of the child's behavior. For example, the mother may be overwhelmed by the apparent seriousness of one problem and see the child as totally damaged. Mothers tend not to perceive their child as having both strengths and weaknesses and/or have trouble experiencing the positive aspects of their child's abilities or behavior.

For other mothers the distortion takes the form of a too narrow perception of their child's abilities. Some mothers find it acceptable to view their child as having a speech problem or a motor problem but fail to perceive or accept other problem areas the child may be demonstrating. We often find that a mother's definition of the child's problem undergoes changes as they become involved in our program. This fact is one of the main reasons why we feel that specific diagnosis or "professional" definition

of the child's problem is not necessarily called for in the initial contacts with a mother and child. We begin working with a mother and child around the mother's perception of the child.

Much of the work we do with mothers in the program can be talked about within a framework of changing perceptions. By helping the mother to focus on the concrete behaviors of her child, by giving the mother feedback on the strengths of her child, and by the feedback a mother receives from other mothers, the mother's initial perception of her child begins to change. Mothers come to see their child in a more differentiated way and gain a better perspective on their child's strengths and weaknesses.

6. Personal Problems

As a group the mothers have a wide range of personal problems which directly and indirectly affect their relationship with the child. Some of these problems are: marital discord; conflict over desire to work or continue schooling; problems associated with divorce; problems associated with low income; problems associated with unemployed husbands; problems associated with no husband; problems associated with in-laws or parents; and problems associated with other children.

Our program does not work directly with mothers on these "real life" problems. However, mothers are provided a great deal of emotional support and encouragement by both the program personnel and by other mothers. In addition, the program provides mothers with information about other resources which may be of help to them.

Program Options for Working with Parents

1. Classroom Participation

For half of each day (2½ hours) small groups (approximately six children and parents) meet in a classroom setting with a teacher and an aide. The children engage in a set of activities previously planned by the teacher, aide and parents. In this setting parents are helped to gain a new perspective on their child and themselves, as the primary teacher of their child, by having the following types of opportunities: 1) The teacher, aide, and other parents model patterns of interaction with the mother's child and other children and thereby the mother has the opportunity to learn how to structure activities for children and how to extend and redirect child activity. 2) The mother, from seeing other children of similar age to her child, has the opportunity to develop a set of normative expectancies for children with which to compare her child. 3) The teacher and aide give the mother specific suggestions about how to interact with her child and give immediate feedback. Thus, within the classroom the mothers are given the opportunities to be successful with their child. 4) Also, within the classroom setting mothers have the opportunity to interact with other children and to observe other mothers interacting with her child. 5) Sometimes mothers are instructed to focus their attention on specific aspects of behavior (eg. fine motor) for a period of time and to observe all children with respect to their abilities with respect to this behavior. Thus, the mothers become able to observe their children in a more differentiated way.

2. Mother group meetings

Immediately after the classroom participation the mothers meet as a group while the children remain in the classroom with one of the professionals. During these group meetings the staff member helps the mothers to understand and learn from what previously had gone on in the classroom. Mothers and staff share their perception of the day's events and plan for activities to be conducted in the classroom the following day. In this setting mothers are helped to gain a new perspective on their child by hearing other mothers discuss the child. Mothers gain new perspective on their child's problem and their reactions to having a problem child by discussion and sharing of feelings with other mothers. While these daily mother group meetings are usually focused on the activities which occurred in the classroom that day, mothers discuss other aspects of having a child with developmental problems such as: conflict with husband and relatives, consequences for other children, interactions with other professionals outside the school, etc. From time to time outside consultants or school personnel not directly connected with the program will meet the mothers to share information. Also, mothers report that receiving emotional support from other mothers and giving emotional support to other mothers helps them in gaining self-confidence. Within these groups mothers develop ties with each other which leads to contacts outside this specific setting.

3. Individual Planning

Sometimes when a child and mother first become known to the program they are not yet ready to join an ongoing group. The program is able to meet with this child-mother on an individual basis on a flexible schedule

with respect to time per meeting and number of meetings per week. This is a much more intensive experience for the mother-child unit. Also, sometimes a mother-child who have been part of a group will be seen in individual planning. This occurs when the child-mother have not been showing progress and/or a clearer understanding of the child-mother is needed. The program contains great flexibility with respect to scheduling and grouping to meet individual child-mother needs. Some mothers find this individual attention necessary and helpful.

4. Workshops

Several times per month the program as a whole sponsors workshops for all parents involved in the program. These workshops vary in focus--sometimes being directly related to activities which have classroom applicability and at other times being of a more arts and crafts nature. The activities workshops give the parents prior experience with materials which will be used in the classroom so that the mothers will have some familiarity with the materials before they are asked to use them with the children. Also, mothers gain some appreciation of how a young child feels when interacting with the new material or activity and gain an understanding of what to expect from a child.

The workshops of a more arts and craft nature provide the mothers with the opportunity to create some product for themselves or the home and also provide a social situation in which the mothers can interact with one another in a more natural, less pressured way. Many mothers report that these workshops are important to them while other mothers do not find these very meaningful. Our experience is that these types of workshops are most meaningful to those mothers who experienced the most social isolation.

5. Program newsletter, program advisory board, fund raising

Some parents become involved in activities like fund raising projects for specific purposes related to the program, writing a newsletter, or become involved in the advisory board. Activities such as these provide some parents with feelings of worth and competence as an individual. For some parents these program related activities are stepping stones to other out of home activities such as work, school, or volunteer activity.

6. Home Visits

Several of the staff, by working with a consulting architect over a period of years, have developed skills in analyzing the home environment with respect to its appropriateness for young children--particularly those with developmental problems. At the request of a parent these staff members visit in the child's home and make suggestions for modifications of that environment to make them more responsive to the needs of the particular child. This activity often gives the program staff more insight into the program child which is helpful for future planning. In addition, the program staff recommendations for the home often help to activate the child's father and allows for some concrete suggestions with respect to the child and his siblings. We feel this type of home visit is fairly unique to our program and would be of interest to other professionals who might have the time to visit in a child's home for more than social purposes.

7. Videotape

Videotaping of the child in the classroom setting and subsequent review of the tape by staff and parents has also been a useful technique for helping parents gain new insight into their child's behavior.

8. Saturday School for Fathers

Several times during the year fathers are invited to attend school with their child on a Saturday morning. Fathers have reported that these sessions are helpful and informative. Fathers express the need for concrete suggestions on how to play with their children and the need to share some of their feelings about having children with developmental problems. Subsequent to these sessions mothers have reported fathers to be more helpful and understanding and to take a more active interest in the child.

9. Maintaining list of community resources

The program staff make a point of keeping informed of a wide variety of community resources to which they refer parents with that particular need. These resources cover such things as educational opportunities, mental health options, volunteer groups, employment opportunities, recreational programs, etc. When the parent presents a particular need, such as the need for individual or marriage counseling, the program staff have the resources available for the parent.

10. Coordination with professionals involved with child/family

The program staff makes contact with other individuals or agencies concerned with the program child/family and meets with them to share information and attempt to develop a coordinated program. Often the staff plays the role of supporting the mother in her attempt to deal with the other professionals with whom she has or needs contact.

Evaluation

Over a period of about five years the program has been evaluated in several different ways. We have done a follow up study of our graduates showing that as a group they are almost all within the mainstream of elementary school and functioning much like a normal group with respect to achievement test scores. We feel that this is quite dramatic considering the number and severity of the problems when we first saw them as three and four year old children. We have conducted interview studies with a group of graduate mothers and documented from their perception the change which has occurred in the children and themselves and gotten insights into the processes by which these changes occurred. We have done questionnaire studies. One year we did a questionnaire study comparing in a pre and post fashion our mothers with a group of mothers who had their children in a community nursery school. In this study we showed that our mothers' perception of their children and feelings about mothering were different from the normal group at the beginning of the year but became more like the normal group by the end of the year. In another study we compared our children in a pre and post fashion on a number of psychometric tests with a similar group of problem children involved in another program. We demonstrated that our children make significantly greater gains. Our evaluation efforts continue this year. This years project involves an observational study of mother-child behavior in a teaching situation as it changes over the year compared with another set of mothers and children involved in a different program.

Person to Contact: Lois Rho, Program Director
1686 Waterbury Road
Cheshire, Ct. 06410